

40-573648

IAP20 Rec'd PTO 28 MAR 2006

Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: A STRUCTURE WITH MULTIPLE  
FUNCTIONS, USED AS A COVERING  
Attorney Docket Number:: 2501-1013  
Request for Early  
Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 8  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: AGOSTINO  
Middle Name::  
Family Name:: LAURIA  
Name Suffix::  
City of Residence::  
State or Province of  
Residence::  
Country of Residence::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: MASSIMILIANO  
Middle Name::  
Family Name:: LAURIA  
Name Suffix::  
City of Residence::  
State or Province of  
Residence::  
Country of Residence::  
Street of Mailing  
Address::  
City of Mailing Address::

**State or Province of Mailing Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing Address::**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ALESSANDRO  
Middle Name::  
Family Name:: LAURIA  
Name Suffix::  
City of Residence::  
State or Province of  
Residence::  
Country of Residence::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number ::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT2005/000463	8/1/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	RM2005A000184	4/14/05	Yes

**Assignment Information**

Assignee Name:: L.A.S.P. SYSTEM ITALIA S.R.L.

Street of Mailing ZONA INDUSTRIALE

Address:: STRADA 19

City of Mailing Address:: SASSARI

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 07100